

# KENTUCKY COUNCIL ON POSTSECONDARY EDUCATION

1024 CAPITAL CENTER DRIVE, SUITE 320  
FRANKFORT, KENTUCKY 40601-8204  
PHONE: (502) 573-1555  
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## APPLICATION FOR RESIDENCY DETERMINATION for Participation in the SREB Academic Common Market for **Kentucky High School Seniors\***

### GENERAL INSTRUCTIONS

- 13 KAR 2:045, *Determination of Residency Status for Admission and Tuition Assessment Purposes*, is the regulation that establishes the procedures and definitions used in determining residency classification.
- Answer all questions that apply to your situation.
- **A copy of your parents' most recent Kentucky income tax return must be provided with the completed form.**
- This document must be signed by the student and notarized.

\*An expanded application may be requested if additional information is needed.

### **PROGRAM AND INSTITUTION INFORMATION**

Academic Common Market program and college/university you plan to attend:

Institution Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

### **PERSONAL INFORMATION**

Name: \_\_\_\_\_

(Last, First Middle Maiden, Jr., II)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

(City, County, State, ZIP) \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

### **ENROLLMENT INFORMATION**

High School Name: \_\_\_\_\_

City / State: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

When do you plan to enter college (indicate the term and year):

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

## **SUPPORTING INFORMATION**

### **Parents (or Guardian)**

**Father's** name: \_\_\_\_\_

Father's address: \_\_\_\_\_

City / State: \_\_\_\_\_

Father's telephone number: (\_\_\_\_) \_\_\_\_\_

How many years (continuously) has your father been living in Kentucky, if at all? \_\_\_\_\_

Provide the following information on your father's current employer:

Name / Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Date current employment began: M/Y \_\_\_\_\_

Father's visa type, if applicable: \_\_\_\_\_

**Mother's** name: \_\_\_\_\_

Mother's address: \_\_\_\_\_

City / State: \_\_\_\_\_

Mother's telephone number: (\_\_\_\_) \_\_\_\_\_

How many years (continuously) has your mother been living in Kentucky, if at all? \_\_\_\_\_

Provide the following information on your mother's current employer:

Name / Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Date current employment began: M/Y \_\_\_\_\_

Mother's visa type, if applicable: \_\_\_\_\_

**Guardian's** name: \_\_\_\_\_

Guardian's address: \_\_\_\_\_

City / State: \_\_\_\_\_

Guardian's telephone number: (\_\_\_\_) \_\_\_\_\_

How many years (continuously) has your guardian been living in Kentucky, if at all? \_\_\_\_\_

Provide the following information on your guardian's current employer:

Name / Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Date current employment began: M/Y \_\_\_\_\_

Guardian's visa type, if applicable: \_\_\_\_\_

1. When did your present stay in Kentucky begin? Month/Year \_\_\_\_\_
  
2. List the places you have lived for the past three years (beginning with your most recent address):
 

Date(s)	Place of Residence
M/Y From – M/Y To	Number / Street / City / State
_____	_____
_____	_____
_____	_____
  
3. Do you (your family) own \_\_\_\_ or rent \_\_\_\_ your home? How long have you lived there? \_\_\_\_\_ yrs
  
4. Do you operate a motorized vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No
 

If *Yes*, is this vehicle registered in your name? \_\_\_\_\_ Yes \_\_\_\_\_ No

If *No*, in whose name is the vehicle registered? \_\_\_\_\_

State in which the vehicle is registered \_\_\_\_\_ Vehicle License Number \_\_\_\_\_
  
5. Driver's License Number: \_\_\_\_\_ State in which license was issued: \_\_\_\_\_
  
6. Are you currently registered to vote? \_\_\_\_\_ Yes \_\_\_\_\_ No
 

If *Yes*, where? \_\_\_\_\_ Kentucky \_\_\_\_\_ Other (specify) \_\_\_\_\_
  
7. Did you file a federal or state income tax return as an independent person claiming yourself as an exemption?
 

Federal? \_\_\_\_\_ Yes \_\_\_\_\_ No      State? \_\_\_\_\_ Yes \_\_\_\_\_ No      What state? \_\_\_\_\_

If *Yes*, for what most recent year? \_\_\_\_\_
  
8. Did either of your parents claim you as a dependent for the tax year preceding the date of this application on federal or state income tax forms?
 

Federal? \_\_\_\_\_ Yes \_\_\_\_\_ No      State? \_\_\_\_\_ Yes \_\_\_\_\_ No      What state? \_\_\_\_\_

If *No*, when did either of your parents last claim you as an exemption on a: \_\_\_\_\_
  
9. Does your parent or any other person currently claim you as a dependent or as an exemption for federal or state tax purposes?
 

Parent? \_\_\_\_\_ Yes \_\_\_\_\_ No      Other Person? \_\_\_\_\_ Yes \_\_\_\_\_ No

If *Yes*, Who? \_\_\_\_\_
  
10. Indicate your present means of financial support and sustenance. If you are applying as a new high school graduate, give percentages of financial support.
 

Annual Support

Work \_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_ Other Persons \_\_\_\_\_ Scholarships \_\_\_\_\_

Grants \_\_\_\_\_ Assistantships \_\_\_\_\_ Loans \_\_\_\_\_ Trusts \_\_\_\_\_ Other \_\_\_\_\_

For other, please explain. \_\_\_\_\_

\_\_\_\_\_



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## APPLICATION FOR RESIDENCY DETERMINATION

for Participation in the SREB Academic Common Market  
and Kentucky Optometry and Veterinary Medicine Contract Programs

### OATH

**To the student:** This statement must be notarized before submission. Do not sign this statement until you are directed to do so by a Notary.

State of \_\_\_\_\_

County of \_\_\_\_\_

The undersigned person, being first duly sworn, states as follows: That the foregoing statements and all supporting documents are, and each of them is, true and correct.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

County of \_\_\_\_\_

My commission expires on \_\_\_\_\_